

**State of Mississippi
Department of Employment Security
Jackson, Mississippi**

REQUEST FOR REFUND

Note: Give exact name of business, address and account number as identified on your contribution report.

Mail to:

Mississippi Department of Employment Security
Contributions & Status Department
P O Box 22781
Jackson, MS 39225-2781.

BUSINESS NAME AND ADDRESS:

DATE: _____

ACCOUNT NO. _____

EMPLOYER'S SIGNATURE

TITLE